

Preface

Let me start by stating the obvious. Fitting hearing aids to children is not the same as fitting hearing aids to adults! First, children listen to a speech signal that is oftentimes different from the speech signal heard by adults (Stelmachowicz et al, 1993). For this reason, the DSL [i/o] software (Seewald et al, 1995) allows the user to select a speech spectrum for children that is quite different than the speech spectrum that is more appropriate for fitting adults. Second, it is difficult to obtain self-assessment scales or subjective outcome measures on children. Often, the audiologist needs to rely on the input from parents, teachers or friends to ascertain the benefit, satisfaction, or reduced disability provided by the hearing instruments. Interestingly, in an effort to address this important need, a children's version of the Abbreviated Profile of Hearing Aid Benefit (APHAB) was recently introduced (Lewis, 1999). Third, for clinicians wishing to validate the performance of hearing aids using speech measures, it is sometimes difficult to accomplish this goal with children. Fourth, ear canals of children are smaller than the ear canals of adults (Bentler, 1989). Therefore, different correction factors for converting real ear to 2 cm³ coupler, and vice versa, are necessary when fitting children. Finally, there is the fact that the prescriptive formulae commonly used today for adults (NAL-R; POGO, Berger, Libby 1/3-1/2; FIG6, IHAFF, DSL [i/o], NAL-NL1) were based on a speech spectrum appropriate for the adult population. Thus, many of the prescriptive fits commonly used for adults are not appropriate when used with children.

Typically, the goal of amplification is to provide sufficient amplification so that "soft" input levels are audible; "average" input levels are "comfortable" and "loud" input levels are "loud, but not uncomfortable." How these goals are achieved for the child is quite different from how they are achieved for adults. Hopefully, the words within this issue will make this point loud and clear.

A couple of years ago, Dr. Catherine Palmer, Director of Audiology at the Eye and Ear Institute at the University of Pittsburgh, was planning a conference to be held in San Antonio (Texas) in 1998 on "Remediating Pediatric Hearing Loss through Amplification." I read about the topics and some of the planned presenters in one of our professional journals. Because I had the pleasure of working with Catherine on a previous project, I called her to see if she would be interested in editing an issue of *Trends* on the proceedings of the conference. She thought it was a good idea, but said she would have to get back to me on this request after she talked with the presenters to get their reaction to the idea. To my delight, Catherine called back some time later and said the presenters loved the idea and that she would like to take me up on my offer to edit this issue.

I have had the pleasure of starting *Trends* in 1996 following a number of conversations with Philip van Tongeren, who was the former publisher at Thieme Medical Publishers. Shortly thereafter, Philip left Thieme and we developed the idea of *Trends* over dinner at an AAA convention. At that time, I agreed to a five-year contract to edit *Trends*. I felt that should be sufficient time to get *Trends* "off the ground." I felt five years is more than enough time for one person to edit any journal. After five years it is important to recruit a new editor so that her/his personality can bring new direction and ideas to the journal.

During the process of obtaining the drafts of this issue of *Trends* I was so impressed with the skills Dr. Palmer illustrated in editing this issue that I asked her if she would consider assuming the role of editor of *Trends* in 2001. To my delight, Dr. Palmer agreed to become the new editor of *Trends* starting with the first issue of 2001. I believe she will add a tremendous amount of energy and direction to this fine journal.

I would like to thank Catherine for taking on the responsibility of editing this issue of *Trends*. I think you will agree that it is a marvelous issue and it will provide a tremendous amount of information to those who fit hearing aids to children. I would also like to thank each of the contributors. Their words within this issue will challenge the reader to re-think the problems and solutions that are present when fitting hearing aids to the pediatric patient.

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